



# Water Bill Assistance Program Application

WESTMINSTER

**Ensure you meet the following Assistance Program conditions prior to completing the application:**

- ☐ You are a City of Westminster water customer. Your name is on the account, and you currently occupy the household. (Documentation can be provided to confirm eligibility if name not on the account.)
- ☐ Household monthly/yearly income is 60% of area median or less (see Household Income Guidelines chart).
- ☐ Your water account has no leaks, no late/disconnect notices, and is not currently disconnected. (If any of these circumstances exist, please contact 303-658-2392 once you submit your application.)
- ☐ You have not received credit from the Bill Credit program in the past 12 months or you are submitting a renewal application.

**\*\*3 late payments and/or a disconnection of services within the 12-month period will result in termination of the Bill Credit\*\***

Name of Applicant (as it appears on account) _____			Water Account # _____		Do you pay the bill? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address _____			Phone _____			
City _____	State _____	Zip _____	Email _____			
Rent <input type="checkbox"/> Own <input type="checkbox"/>			Preferred method of contact: Email <input type="checkbox"/> Phone <input type="checkbox"/>			
Number of persons in household _____		Number 18+ years old _____		Number employed _____		

**\*\*Submit the following income verification documents with your completed application\*\***

- Current LEAP benefit letter; OR
- Previous year's tax return + 2 recent monthly bank statements; OR
- All recent income documents for persons age 18 or older residing in the household.  
(Income = wages, social security, retirement/pension/stock distributions, unemployment, child support, alimony, rental income, tips, grants and monetary gifts/inheritance, etc.)

**I, the undersigned, have read the above and agree to all assistance program conditions. I certify that the information provided above is correct and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(mailing address next page)

**Mail this completed application, and all necessary documentation to:**

City of Westminster  
Attn: Water Bill Assistance Program  
Public Works and Utilities Department  
6575 W 88<sup>th</sup> Ave.  
Westminster, CO 80031

If you need help determining your eligibility, please call (303) 658-2392 or email [ubassist@westminsterco.gov](mailto:ubassist@westminsterco.gov).

**OFFICE USE ONLY**

Application complete: Yes ☐ No ☐      Income documents attached: Yes ☐ No ☐  
Water Account in applicant's name: Yes ☐ No ☐      Leaks: Yes ☐ No ☐  
Owner ☐      Tenant ☐      Late/Disconnect: Yes ☐ No ☐  
Applicant notified of Missing docs/Account requirements: Yes ☐ No ☐ N/A ☐      Date: \_\_\_\_\_  
Program(s) approved for: Bill Credit ☐      Conservation ☐  
Applicant notified of approval: Email ☐      Phone ☐  
Approved by: \_\_\_\_\_      Date: \_\_\_\_\_  
  
Bill Credit Termination- Reason: \_\_\_\_\_      Date: \_\_\_\_\_      Initials: \_\_\_\_\_